

## Application for School Safety Inspection

Michigan Department of Labor & Economic Growth  
Bureau of Fire Services  
Fire Marshal Division  
P.O. Box 30700  
Lansing, MI 48909  
517-241-8847

Date of Application: \_\_\_\_\_

Proposed Name of School: \_\_\_\_\_

Current (previous) Name of School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant Name and Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Proposed Grade level(s) \_\_\_\_\_

Will the proposed school offer any programs that may be hazardous in nature? Examples include woodshop, auto or welding,  
Science/chemistry or other? \_\_\_\_\_  
\_\_\_\_\_

Will any delayed egress or special locking arrangements be needed for student or staff safety? \_\_\_\_\_

### **Building Information**

Building Construction Type (if known) \_\_\_\_\_ Number of stories(include basement) \_\_\_\_\_

Date(s) of Construction (if multiple additions, list date for each): \_\_\_\_\_  
\_\_\_\_\_

Is the Building Currently Occupied as a K-12 School? \_\_\_\_\_ If so, indicate date occupancy was granted: \_\_\_\_\_

What date was the building last occupied as a K-12 School? \_\_\_\_\_

Does the school share occupancy with any another agency, organization or business? \_\_\_\_\_ If so, whom? \_\_\_\_\_  
\_\_\_\_\_

Was the building last occupied solely by another agency, organization or business? \_\_\_\_\_ If so, whom? \_\_\_\_\_  
\_\_\_\_\_

What areas of the building is your agency requesting to occupy? \_\_\_\_\_  
\_\_\_\_\_

Does the building have a working fire alarm system? \_\_\_\_\_ Date of last NFPA 72 annual inspection: \_\_\_\_\_

Name of certified firm that conducted the NFPA 72 inspection: \_\_\_\_\_.

Does the building have sprinkler system? \_\_\_\_\_ Full or partial system? \_\_\_\_\_.

Date of last NFPA 25 annual inspection: \_\_\_\_\_.

Name of certified firm who conducted the NFPA 25 inspection: \_\_\_\_\_.

Does the building have a commercial cooking system? (either used by school or another agency) \_\_\_\_\_.

Date of last NFPA 96 inspection: \_\_\_\_\_.

Will full kitchen services be provided by your organization? \_\_\_\_\_ If not, please indicate if and how meals will be provided  
\_\_\_\_\_.

Has a request for school safety inspection been submitted to the Bureau of Construction Codes? \_\_\_\_\_.

Name and agency of individual completing this application: \_\_\_\_\_.

Signature of Individual completing this application: \_\_\_\_\_ Date: \_\_\_\_\_

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#### **Bureau Use Only**

Project Number Assigned \_\_\_\_\_

Inspecting Region \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Hours Billed \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Hours Billed \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Hours Billed \_\_\_\_\_

Invoice Number \_\_\_\_\_

Invoice Sent \_\_\_\_\_

Date Payment Received \_\_\_\_\_

Amount Received \_\_\_\_\_

Date Final Fire Safety Approval Granted by Bureau of Fire Services: \_\_\_\_\_